

Meteorology and Air Quality Group
DEFICIENCY REPORTMAQ-DR-
This form is from MAQ-026**Part 1: Originator****Requirement:****Deficiency description:****Immediate action taken (if any):****Originator:****Date reported:**_____
Originator signature_____
Date**Part 2: QA team****Deficiency valid?** ☐ **YES** ☐ **NO** If NO, give reason below:**QA team member:****Date examined:**_____
QA team member signature_____
Date**Part 3: Responsible Manager****Agree with deficiency?** ☐ **YES** ☐ **NO** If NO, give reason below:**Assigned responsible individual:****Date assigned:****Responsible manager:**_____
Responsible manager signature_____
Date

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This form is from MAQ-026**Part 4: Responsible Individual**

Cause of deficiency (root cause for serious deficiency):

Proposed corrective action:

Corrective action will be completed by this date:

Responsible individual:

Date corrective action proposed:

Responsible individual signature_____
Date**Part 5: QA team - approval of proposed corrective action**

QA team member:

Date corrective action approved:

QA team member signature_____
Date**Part 6: Responsible individual - indicate completion of corrective action**

Responsible individual:

Date corrective action completed:

Responsible individual signature_____
Date**Part 7: Verifier - verify corrective action was completed**

Verifier:

Date corrective actions verified:

Verifier signature_____
Date

After this form is completed, submit to the MAQ records coordinator.